Kumision Inangokkon Tano' CHamoru (CHamoru Land Trust Commission)

Phone: 649-5263 ext. 815

P.O. Box 2950 Hagåtña, Guåhan 96932

AFFIDAVIT FOR ELIGIBILITY FORM A: OWNER

	, being fi	rst duly sworn, dep	oses and s	ays that:
1. The name of the individual seeking verification	ation of eligibi	lity is:		
The individual owned, or is the descendant acquired by the United States government.	nt of someone	who owned land o		
3. The land acquired by the United States go	vernment is i	dentified as one of	the followir	ng:
Parcel Number:				
Address:				
Legal Description:				
Other Identifier:				
The date the land was acquired by the United 4. The undersigned makes these statements the applicant via a power of attorney.	d States:			
Signature		Date		
Subscribed and sworn to before me this	day of		, 20	by
·				
		NOTARY PUBLIC		